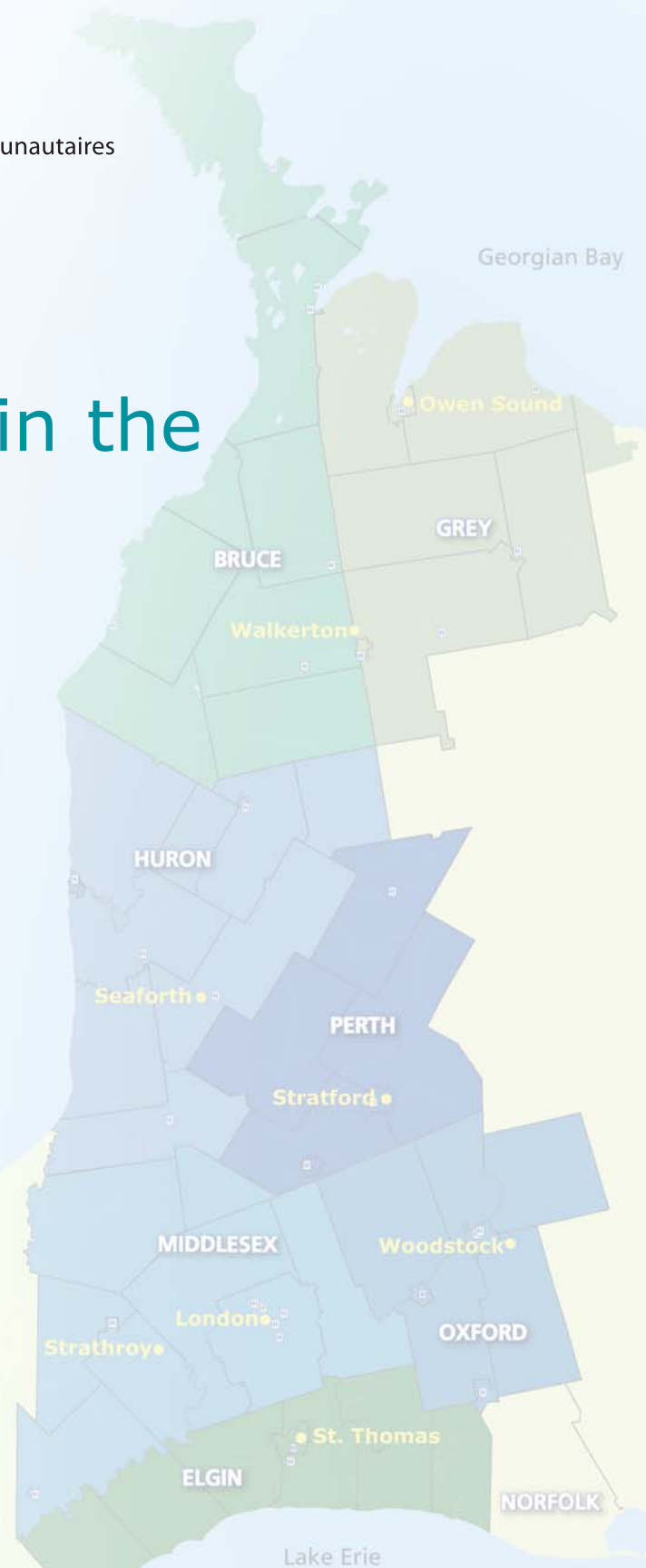


# Client-Driven Care in the South West CCAC:

## *Partnering for Better Health*

**ON JANUARY 1, SEVEN CCACs CAME TOGETHER TO** form the new South West CCAC. Executive Director Sandra Coleman says it was much more than an administrative change. "Our new organization represents an opportunity to "get things right" — to find new and better ways to deliver care across our region and improve the quality of life for our clients." Coleman says this will be an ongoing process, involving everybody from senior leadership to frontline providers. "By committing ourselves to continuous improvement and working collaboratively, we can make care better for clients."

But where to begin? "Given our different experiences, histories and communities, we clearly need to choose a common starting point," says Client Services Director Donna Ladouceur. "We've chosen a powerful concept, Client-Driven Care, to be that point." Client-Driven Care has a long history within the South West CCAC. This document summarizes its principles and the research findings and points the way forward.



## Listening, Connecting, Creating

*During her first visit with a new client, Sally (a case manager, nurse, therapist or personal support worker) sits down to chat. She asks the client about her background, her challenges and her personal goals. Pleased to have her attention, the client opens up, telling her about her struggles with her health. Sally listens carefully, and asks the client for her ideas and involvement in her care. Sally identifies and comments positively on the client's strengths and efforts to be healthy. She asks how the client feels about how they are working together. Sally also asks the client for her ideas about how she would like to be involved in her care. Over time the relationship deepens, the client takes more inter-*

*est in her own health, becomes more involved in her everyday care management, and is more positively engaged in everyday life. Sally feels a sense of accomplishment as the client becomes more confident and independent.*

This story reflects many of the ideas and approaches behind Client-Driven Care. Client-Driven Care is about *how* care is delivered, rather than what care is delivered. It's about a way of being with clients rather than a set of skills to provide for them. It's about developing warm, human relationships, and partnering with clients to help them build on their own strengths to achieve the best health outcomes.



## Client-Driven Care involves five key elements:

- **Building trust and meaning** by letting the client tell her or his own story and taking time to fully understand the situation
- **Connecting** with the client's struggles through active listening
- **Caring** for the client by providing respect and non-judgmental responses as he or she unloads negative feelings and discovers strengths
- **Mutual Knowing** by highlighting the client's strengths
- **Mutual Creating** by supporting and encouraging the client to explore opportunities for growth and working with him or her to develop strategies

This approach helps build clients' self-confidence, self-esteem, sense of control and empowerment. With time, many clients realize they can manage their own lives and health, and experience more independence and a better quality of life.

For health professionals, it can be challenging to expand the "professional expert" role to include being an expert at partnering with clients. This approach means encouraging clients to contribute their personal knowledge and abilities to the care process. But the rewards — seeing clients gain in independence, confidence and health — are well worth the effort.

## Evidence-based Approach

Client-Driven Care is more than a nice idea: it is supported by more than 17 years of solid research involving home care programs throughout the South West, and research grants totaling more than \$1.8M. This important work has been led by Professor Carol McWilliam of the Faculty of Nursing at UWO.

It all started in 1990 in the Oxford County and Middlesex-London home care programs with a study of older people making the transition from hospital to home. In addition to the usual challenges, Carol and her team discovered that older people were not always happy with the way that health professionals and family caregivers took charge of their lives when they were in hospital. Carol explains: "The experiences we observed among these older people gave us insights into how this disempowering process threatened independence, creating a downward spiral of learned helplessness amongst the older people and a persistent 'I'm the expert' approach among health service providers."

Next, Carol and the Oxford County and Middlesex-London home care programs studied 300 frail seniors after discharge from hospital. Half received the usual in-home services, and half received the usual services plus 10 extra hours of nursing. During the extra sessions, clients had an opportunity to discuss their life and health goals, and worked with the nurses to develop strategies to reach them. At the end of a year, this group had greater independence, more involvement in their health care, and improved quality of life. As well, they had spent 8.2 fewer days in hospital and used fewer in-home services, even counting the extra hours of nursing!

Further studies, involving the home care programs in Elgin, Huron, Perth, Chatham-Kent, Grey and Bruce

Counties helped to reinforce these findings. Then in 2000 the CCAC of London and Middlesex implemented the principles of Client-Driven Care and worked with their research collaborators to explore the impact of this new approach in everyday in-home service delivery. Over the next four years, Client-Driven Care was supported through changes in policies and procedures, staff education and regular communications. Researchers found that client health status, satisfaction and quality of life trends were positive, as were provider job satisfaction and provider effectiveness.

## Next steps

Since early 2006, a new research team — consisting of Carol and her colleagues, the CCACs that have become the South West CCAC, and their provider agencies — has been involved in a participatory action research project. The goal of the project is to integrate knowledge about Client-Driven Care into daily practice. In Phase One, from April 2006 to March 2007, 38 participants from across the South West worked with researchers to develop knowledge translation strategies, and then spent three months piloting them. Evaluation is ongoing.

In January, 2007 the team received full funding from Canadian Institutes of Health Research for Phase 2. This phase will begin on February 27, when more than 200 employees and providers from across the South West CCAC will gather for a day-long workshop. They will review what was learned in Phase One, and build on the findings to refine best practices around Client-Driven Care. After the workshop, all participants will be involved in an eight-month follow-up action plan. Researchers will study what happens and at the end, participants and researchers will meet again to make recommendations based on this experience.

## Achieving our best

We all want the best for our clients. We want them to achieve optimal health outcomes and live rich and meaningful lives, no matter what challenges they face. We also want our jobs to be satisfying, and our relations with other health professionals to be warm and respectful, and to support best practices in home care.

In the South West CCAC, we believe that Client-Driven Care is one way to understand what we do and how we do it, and to make care better for ourselves, our clients and our partners. While Client-Driven Care is probably how we all practice in ideal situations, we all also recognize the importance of continuously striving to improve our practice.

In the end, Client-Driven Care is about building on strengths, partnership, team work, mutual respect and shared goals. It's about making a difference, day in and day out.

